PTO/SB/80 (01-06)

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## I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

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## Assignee Name and Address:

Advanced BioNutrition Corporation 7155 Columbia Gateway Drive, Suite H Columbia, Maryland 21046, USA

A copy of this form, together with a statement under 37 CFR 3,73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	Darliele	Date Mor. 28, 2007					
Name	David Kyle	Telephone 410/730-8600					
Title	President & CEO						